FILING DATE **MULTIPLE DEPENDENT CLAIM** FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER SAFTER SAF AS FILED MD. DEP. DER IND. DER MD. O€P. 1. 7_ TOTAL IND. TOTAL IND. TOTAL OEP. TOTAL CLAIMS _1 _1 _1 _1 TOTAL DEP.
TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV, \$-78)

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